



**State of Tennessee**  
**Travel and expense Reimbursement and Information Processing System**  
**(TRIPS )**  
**Security Maintenance Form**

Agency Name \_\_\_\_\_

- Privilege Requested (mark one) ☐ Agency Administrator for any and all Allotment Codes within the following STARS Administering Agency Code: \_\_\_\_\_
- ☐ Agency Administrator for the following Allotment Code: \_\_\_\_\_  
(Administrator must be assigned to this Allotment Code in SEIS)
- ☐ Auditor (Comptroller Division of State Audit or F&A Accounts *only*)
- ☐ NavMail Administrator (F&A ISM *only*)
- ☐ Security Administrator (F&A ISM *only*)
- ☐ Statewide Administrator (F&A Accounts *only*)
- ☐ Systems Administrator (F&A ISM *only*)

Name \_\_\_\_\_

Position \_\_\_\_\_

Social Security # \_\_\_\_\_ RACF ID # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone \_\_\_\_\_ State Employee ? \_\_\_\_ (Y/N)

Work Address \_\_\_\_\_

Does this person currently have access to TRIPS AdministratER? \_\_\_\_ (Y/N)

For Administrators:

I agree to limit my access to TRIPS tables to the minimum extent necessary to carry out the functions assigned to the specific Administrator role in the TRIPS Procedure Manual and AdministratER Configuration Manual. I will not simultaneously serve as a TRIPS Approver.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Authorized By:

\_\_\_\_\_  
Name of Agency Fiscal Officer  
or Agency Head

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Division of Accounts Use:

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Administrator Group Assigned: \_\_\_\_\_

Filter By: ☐ Admin. Agency

Group Name: \_\_\_\_\_

☐ Dept. and Div.

*Requested privileges may be granted only by the TRIPS Security Administrator, following approval by the Division of Accounts, Department of Finance and Administration*